



## UNITED STATES DISTRICT COURT MIDDLE DISTRICT OF FLORIDA

### CONTRACT COURT INTERPRETER APPLICATION - INSTRUCTIONS

In accordance with new policies and procedures put in place by the Administrative Office of the US Courts (AO), every contract/freelance interpreter who provides service to the federal courts after May 16, 2005, must have:

- his/her classification determined (whether he/she is certified, professionally qualified, or language skilled);
- documentation on file showing the negotiated fee for service and the interpreter's signed agreement that he/she will comply with the Court's Terms & Conditions document;
- his/her suitability evaluated after fingerprints and other background checks as may be required are completed; and
- his/her capability of performing the interpreting tasks at hand determined.

These policies and procedures apply to new interpreters as well as interpreters who were formerly on local rosters and interpreters engaged through interpreting agencies. The United States District Court for the Middle District of Florida has changed its interpreter application and policies accordingly.

Following the events of September 11, 2001, every contract/freelance interpreter who provides service to the federal courts must be fingerprinted and entered into the NCID (National Court Interpreter Database). Because contract court interpreters often may work in multiple courts, the NCID will be used to post and share results of interpreter background checks. This will reduce the workload on the courts and costs associated with processing fingerprint checks through the Federal Bureau of Investigation (FBI) and such other federal agencies as may conduct background checks for the courts. Contract court interpreters working in the MDFL courthouses are no exception - each must have his/her fingerprints entered into the NCID and have passed both criminal and credit background checks.

Like employees of the federal judiciary, contract court interpreters are not a protected class of civil service - they are "at will" employees who work at the pleasure of the Court. As such, there is no probationary period and successful completion of a background check is part of the Court's overall qualification process. If you are concerned about who may see personal information about you, please note that the FBI has required that the background check information it provides be made available only to individuals with a specific need for that information, as designated by the Court.

In addition to completing the contract court interpreter application form, you must complete two forms which will allow the Middle District to conduct background checks with the National Crime Information Center (NCIC), the Florida Crime Information Center (FCIC), and a Credit Bureau check. Please return the completed application documents and background check authorizations in an envelope marked "Confidential" to the MDFL Human Resources Department at the following address:

United States District Court - Middle District of Florida  
Office of the Clerk  
ATTN: Human Resources - Interpreter Application  
George C. Young US Courthouse & Federal Building  
80 N. Hughey Ave., Ste. 330  
Orlando, FL 32801

Upon receipt, the interpreter's application will be reviewed and if he/she is found qualified and passes the NCIC, FCIC, and credit checks, he/she will be contacted by the MDFL Human Resources Department. The Human Resources Department will provide the interpreter with a fingerprint card and instructions to take the card to a local law enforcement agency to be fingerprinted. A self-addressed envelope will be included with that card so that law enforcement may send the results directly back to the Court.

After an interpreter's fingerprint results have been added to his/her file, the Court will contact the interpreter so that rates and terms of service can be negotiated. In accordance with the Administrative Office's revised policies and procedures, the Court must provide an approved interpreter with a completed and personalized Rate and Information Sheet, as well as a copy of the Terms and Conditions document. The completed Rate and Information Sheet must be signed by the interpreter and the original returned to the designated MDFL contact indicating that the interpreter has agreed to comply with the rates and information contained therein. After that has been received by the Court, it will be placed in the interpreter's file and the Court will notify its divisions that the interpreter has been added to the list of approved contract court interpreters and may now be used in the courtroom.

When using contract court interpreters, every effort will be made by the Court to obtain the services of the most qualified interpreter who is reasonably available at the AO-authorized interpreter rates. In order to ensure that the Court receives the best possible interpreter services, preference is given to those who are "certified" or "professionally qualified". If no certified or professionally qualified candidates are available, "language skilled" interpreters will be called.

When possible, at least twenty-four (24) hours' notice will be given by the Court for service requests.

**PLEASE NOTE EFFECTIVE JANUARY 1, 2006:** Payment for interpreter services is as follows:

<b><u>*CERTIFIED &amp; PROFESSIONALLY QUALIFIED</u></b>		<b><u>LANGUAGE SKILLED (Non-Certified)</u></b>	
Full Day	\$355.00	Full Day	\$171.00
**Half Day	\$192.00	**Half Day	\$ 92.00
Overtime	\$ 50.00/hour or part thereof	Overtime	\$ 28.00/hour or part thereof

*\*The Administrative Office in Washington regulates fees for interpreters. There is a certification process whereby interpreters proficient in any of three languages, Spanish, Haitian Creole, and Navajo, may take a written examination in that language. Once certified, an interpreter is paid at the higher rates outlined above. For further information on how to register for the program to become a federally certified interpreter in one of these three languages, please call the District Court Administration Division of the Administrative Office of the US Courts at (202) 502-1585.*

*\*\*Half days include any period of time up to four hours. Full days include any period of time more than four hours and up to eight hours (excluding normal meal periods). Overtime hours include any period more than eight hours (excluding normal meal periods).*

Also important to note, contract interpreters cannot submit two claim forms when services are performed for more than one court-related agency or for more than one judge on the same day. If the combined time is less than four hours, one claim should be submitted for one-half day period. If the combined time is for more than four hours, one claim form should be submitted for one full day period. If services are performed for multiple agencies, please contact the interpreter coordinator to determine which agency should process the claim. Claim forms can be obtained from all court agencies or a courtroom deputy clerk.

All interpreters must comply with the Judiciary Staff Travel Regulations and the *Standards for Performance and Professional Responsibility for Contract Court Interpreters in the Federal Courts*. A copy of each will be given to the contract court interpreter at the same time as the Rate and Information Sheet and the Terms and Conditions document.



**UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF FLORIDA**

**CONTRACT COURT INTERPRETER APPLICATION - FORM**

*Please print your responses to each question/section clearly and completely.  
You may use the backside of this form if necessary.*

1)

CONTACT INFORMATION:

**NOTE: Fields marked by an \* below are required.**

\*FIRST NAME \_\_\_\_\_

\*MIDDLE NAME \_\_\_\_\_ *(For background check purposes your entire middle name must be provided. If you use a middle initial only, provide that initial and also write "IO" next to the initial. If you do not have a middle name, you must write "NMN" in this space.)*

\*LAST NAME \_\_\_\_\_

NICKNAME \_\_\_\_\_

\*STREET ADDRESS \_\_\_\_\_

\*CITY/STATE/ZIP CODE \_\_\_\_\_

\*PRIMARY TELEPHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

FAX \_\_\_\_\_

PAGER \_\_\_\_\_

EMAIL \_\_\_\_\_

\*TAXPAYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER \_\_\_\_\_

2)

EDUCATION: (Please list all schools you attended above the elementary school level)

<u>Name of School</u>	<u>Address</u>	<u>Years Attended</u>	<u>Degree</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3)

TRAINING: (Please list all language courses taken, name and location of school, dates attended, and certificates awarded.)

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_____
_____

4)

LANGUAGE APPLYING FOR AND LINGUISTIC ABILITY: (If you are “Certified” or “Professionally Qualified” you must attach a copy of your AO certification or professional credentials to this application, otherwise you will be marked as “Language Skilled” and paid at that lower rate.)

Name of Language(s)	Read (circle one)	Write (circle one)	Speak (circle one)	Interpret (circle one)	Are you AO certified or professionally qualified? (Must attach documentation)
_____	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
_____	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
_____	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
_____	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO

5)

DO YOU INTERPRET **SIMULTANEOUSLY** OR **CONSECUTIVELY**? (Please circle either one or both.)

6)

EXPERIENCE: (Please attach an additional page, your resume, or write on the back of this form as necessary.)

A)

Have you had prior existing employment as a conference or seminar interpreter (staff or contractual) for the Office of Language Services of the United States Department of State, for the United Nations, or for related agencies for which examinations are a condition of employment? ☐NO ☐YES. If yes, please explain below.

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B)

Are you a member in good standing of any professional interpreters associations? ☐NO ☐YES. If yes, please list the association, years of membership, and minimum requirements.

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C)

List the number of times you have acted as an interpreter and for what purpose.

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*If your answer is YES to A or B in Question #6 above, and you wish to be included on the master list of professionally qualified interpreters, you must submit a resume to the Court Administration Division, Administrative Office of the U.S. Courts, Washington, D.C. 20544 detailing your education, training, experience, current telephone number, mailing address, and, when applicable, membership accreditation.*

7)

**YOUR AVAILABILITY:**

☐ 2 Day Notice

☐ 24 Hour Notice

☐ At a Moment's Notice

☐ Other: \_\_\_\_\_

8.

**YOUR WILLINGNESS TO TRAVEL:**

☐ Only to the \_\_\_\_\_ Division(s) of MDFL

☐ Any Division of MDFL (Fort Myers, Tampa, Orlando, Ocala, Jacksonville)

☐ Other Federal Courts in the US

☐ Other Comments: \_\_\_\_\_

9.

**BACKGROUND CHECK:**

Have you ever been arrested, charged, or convicted of a crime? ☐NO ☐YES If yes, please provide details below.

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**REMEMBER: MDFL will be doing background/reference checks as applicable, so if there is anything in your background that we should know about, now is the time to mention it.**

I certify that the above information is correct and apply for placement on the roster of bilingual interpreters from which selections will be made as needed to act as an interpreter in the United States District Court for the Middle District of Florida.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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PRIVACY ACT STATEMENT

Your social security number is requested under the authority of Sections 6041 and 6109 of the Internal Revenue Code. If you earn more than \$600.00 in compensation as an interpreter, the court must inform the Internal Revenue Service using your social security number, and it is helpful to get your number now. Failure to disclose your social security number may delay your receipt of compensation from the Court and may subject you to backup withholding.



**Authorization To Release Government (State or Federal)**  
**Information To U.S. District Court, Clerk's Office**

I, \_\_\_\_\_, the undersigned, hereby waive my rights under the Privacy Act, 5 U.S.C. 522a (Supp. Iv, 1974), and authorize the disclosure to the United States District Court, Clerk's Office of the Middle District of Florida, or its authorized representative(s) or employee(s), any and all information pertaining to me, contained in the files or system of records maintained by the Social Security Administration. I authorize the Social Security Administration, or government agency to convey such information, either orally or in writing, to the aforementioned Clerk's Office.

I hereby waive any rights I may have under the Privacy Act to prior notice of such disclosure or of any rights I may have to an accounting of such disclosure to the aforementioned Clerk's Office.

The information is to be obtained for the purpose of making a determination of suitability to be a service provider to the Court.

Date	Printed Name	Signature
Date of Birth: ____/____/____	(MM/DD/YYYY)	Social Security Number: ____ - ____ - ____
Race: _____		Sex: _____

Years to Search: 1984 to Present

Clerk's Office Employee Requesting Information:

FRAN CUMMINGS, HR MANAGER, USDC-MDFL

407-835-4200

Name & Title

Phone Number

**Consent and Authorization For Access To Financial Records**

I, \_\_\_\_\_, having read the explanation of my rights which is attached to this form, hereby authorize the Credit Bureau, Inc. to disclose a Computerized Credit Bureau Check to Sheryl L. Loesch, Clerk of Court, United States District Court for the Middle District of Florida for the purpose of making a determination of suitability to be a service provider to the court.

I understand that this authorization may be revoked by me in writing any time before my records, as described above, are disclosed and that this authorization is valid for no more than three (3) months from the date of my signature. I understand further that my authorization cannot be required as a condition of my doing business with the above named financial institution.

Date	Printed Name	Signature
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Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

# UNITED STATES OF AMERICA

## AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I, the undersigned, hereby authorize the United States District Court, Clerk's Office of the Middle District of Florida, or its authorized representative(s) or employee(s), to receive any criminal history record information pertaining to me, which may be in the files of any state or any local criminal justice agency, or any law enforcement agency. This request is valid for, but is not limited to the State of Florida. This request/release is valid for one (1) year from this date hereon.

Signature (Sign in Ink)	Full Name (Type or Print Legibly)		Date Signed
Other Names Used			Social Security Number
Current Address (Street, City)	State	ZIP Code	Home Telephone Number
Date of Birth	Race / Sex		